

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Emma L Burrows		Cecil		MARYLAND
	Perryville		Cecil		
	Diad at	Perryville	Age	5	Months 6
	Date of death	1906 Oct	Day 5	Years	Days
	Sex	Female	Color or Race	White	Birth-place
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
FATHER'S NAME	Abner Burrows		Father's Birthplace		Del
	Mother's Maiden Name		Mother's Birthplace		Ind
	Name of person giving information		How related to deceased		brother
	Mary Burrows				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Eclampsia		How long
	Immediate		Progressive Cardiac Asthenia - D.I.		How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician
			L. G. Taylor		Address
			Perryville, Md.		
Accident or Suicide?					

183



Name
in
FullThomas Ballahan 3rd 10th 1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i> Cecil </i>		County <i> Maryland </i>	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>4</i>	Years <i>72</i>	Months <i> </i>	Days <i> </i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Island</i>			
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Alms House</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i> </i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i> </i>				
Mother's Maiden Name <i> " " "</i>	Mother's Birthplace <i> </i>				
Name of person giving information <i>John Mahony</i>	How related to deceased <i>Not related</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colitis</i>	<i>106</i>	How long <i>3 weeks</i>
Immediate <i>" "</i>		How long <i> </i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Miller</i>	Address <i>North East, Md.</i>
Accident or Suicide? <i> </i>	<i> </i>	

191



2

Name
in
FullEdward Budic 3rd Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alvins House</i>		Town <i>Alvins</i>		County <i>Ind.</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>9</i>	Age <i>70</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Ind.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Alvins House</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Do not know</i>	Father's Birthplace						
Mother's Maiden Name <i>" "</i>	Mother's Birthplace						
Name of person giving information <i>John Mahoney</i>	How related to deceased <i>Not related</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East, Ind.</i>
Accident or Suicide?	

162



20

Name
in
Full

Rhoda M. Founds



CERTIFICATE OF DEATH

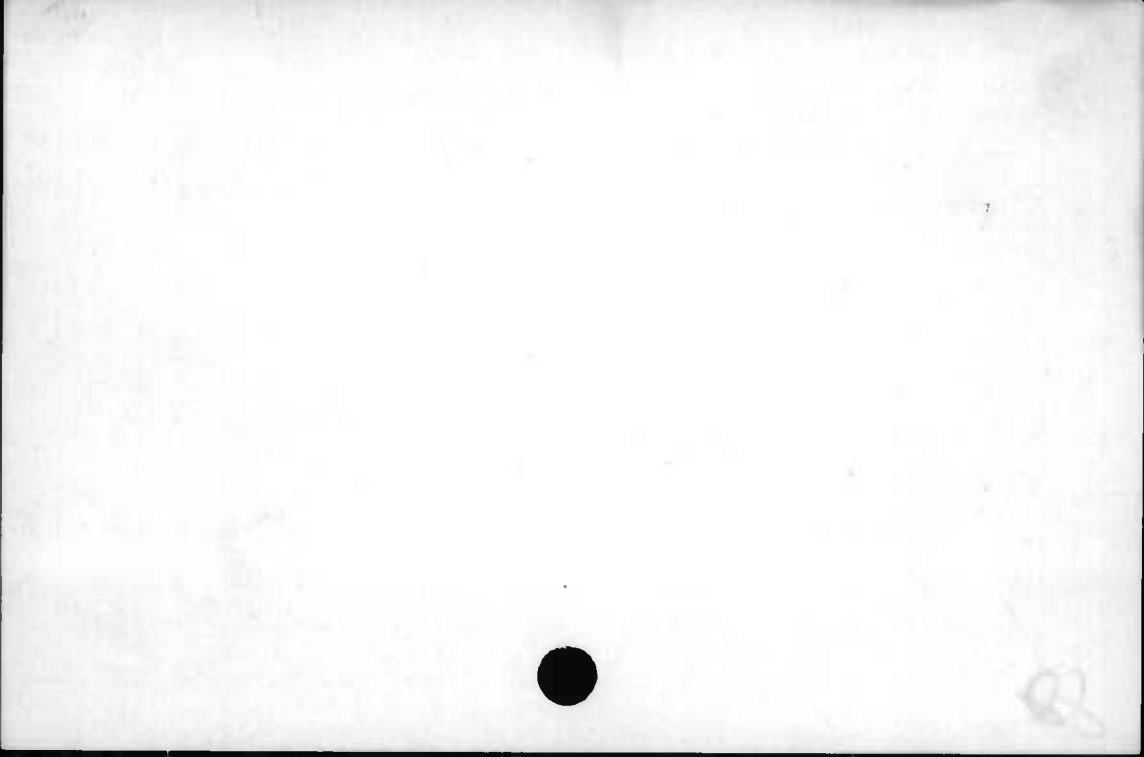
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1904</i>	Month <i>Oct-</i>	Day <i>20</i>	Age <i>1</i> Years	Months <i>2</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Perryville</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Founds</i>			Father's Birthplace <i>Cecil Co. Md</i>		
Mother's Maiden Name <i>Bell M. Mullins</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Henry Founds</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>6 or 7 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. W. Founds</i>
<i>True</i>	Address <i>Perryville Md.</i>
	
	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

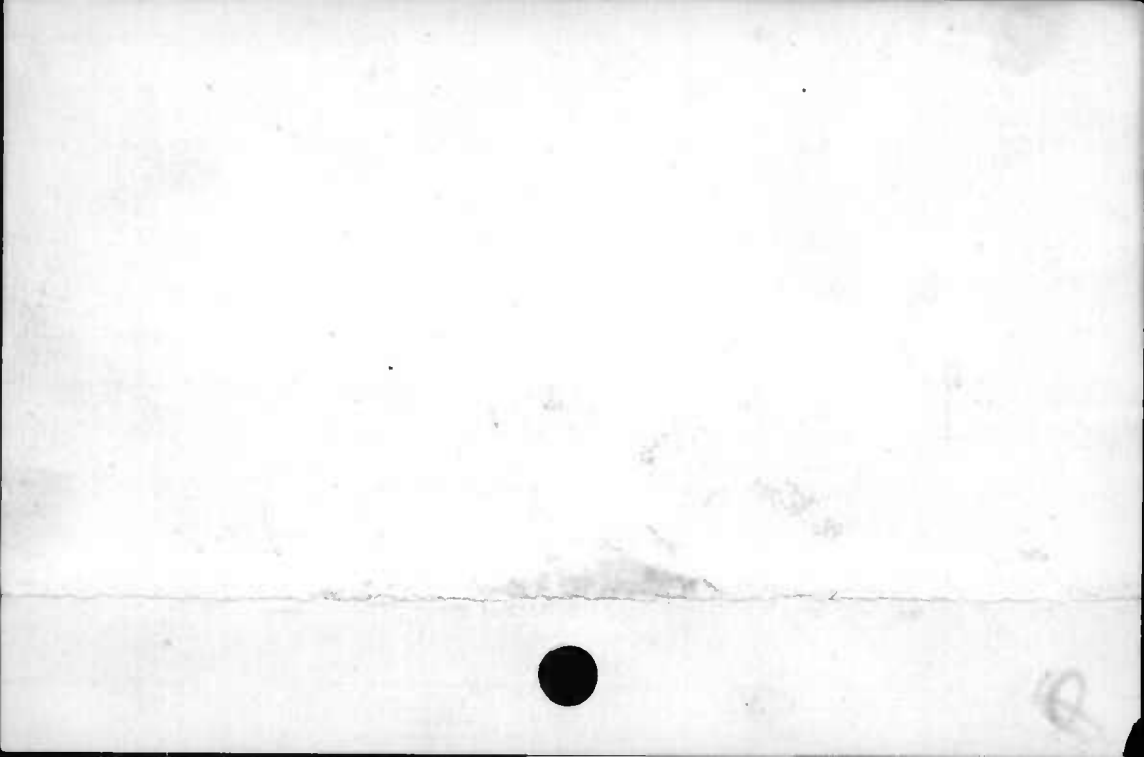
MARYLAND

Died at <i>Calvert</i> <small>Town</small>		<i>Cecil</i> <small>County</small>			
Date of death <i>1906</i>	<i>Oct</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>78</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert - Md.</i>		
Occupation <i>Shoemaker & Farmer</i>	Where Residing if not at place of death <i>Calvert - Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ellen Griffith</i>				
Father's Name <i>Nathan Griffith</i>	Father's Birthplace <i>Chesapeake</i>				
Mother's Maiden Name <i>Mary Kirk</i>	Mother's Birthplace <i>Cecil Co. Md.</i>				
Name of person giving information <i>Hannah Griffith</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>One year</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Richardson</i>
	Address <i>Calvert - Md.</i>
Accident or Suicide?	



Name
in
Full

Harriett Hazel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Chesapeake

Ecce

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

Oct

15

Age

93

18

Sex

Female

Color or
Race

White

Birth-
place

Doris Del

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Thomas Hazel

Father's
Name

James Purse

Father's
BirthplaceMother's
Maiden Name

Anna

Mother's
BirthplaceName of person giving
In formation

Mrs Wm Freeman

How related
to deceased

Niece

CAUSES OF DEATH

Primary

old age

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

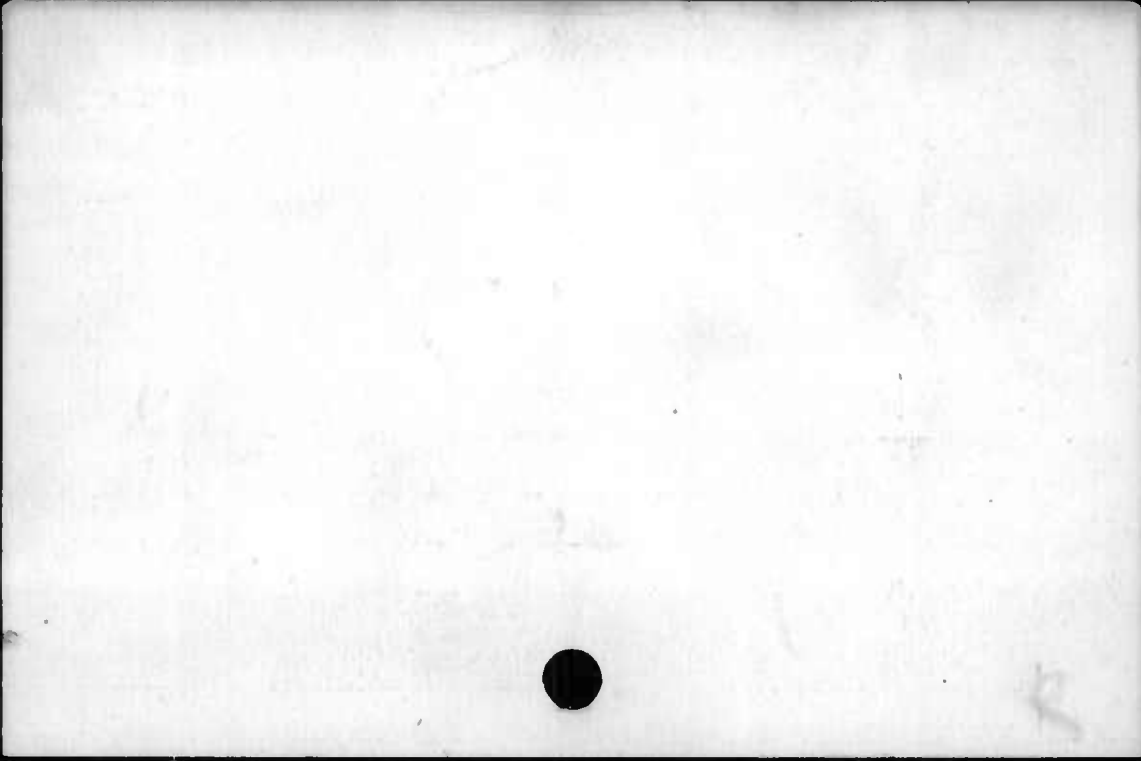
Signature of
Physician

Address

Dr B. Loomer

Chesapeake City Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eek Creek</i>		Town <i>Eek Creek</i>		County <i>Bevil</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Pleasantville, N.J.</i>				
Occupation <i>Captain of Schooner</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elijah H. Hillon</i>						
Father's Name <i>Henry Hillon</i>	Father's Birthplace <i>New Jersey</i>						
Mother's Maiden Name <i>Maria Rischey</i>	Mother's Birthplace <i>New Jersey</i>						
Name of person giving information <i>M. A. Hillon</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

Primary *Drowned from overboard* How long *1 hr*

Immediate *Homicide* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Robert A. Nelson
Coroner of Bevil County,
Elkton, Md.

Accident or Suicide?

Pleasant-Ville
New Jersey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckbreach</i> ^{Town}		<i>Beck</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Oct</i> ^{Month}	<i>1</i> ^{Day}	Age <i>26</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George D Holden</i>				
Father's Name <i>Benjamin Saffer</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information				How related to deceased	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Appendicitis</i>	How long <i>118</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H Cawley</i>
	Address <i>Elkton Md</i>
Accident or Suicide?	

Bethel



1

Name

in
Full

Louisa M Swins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

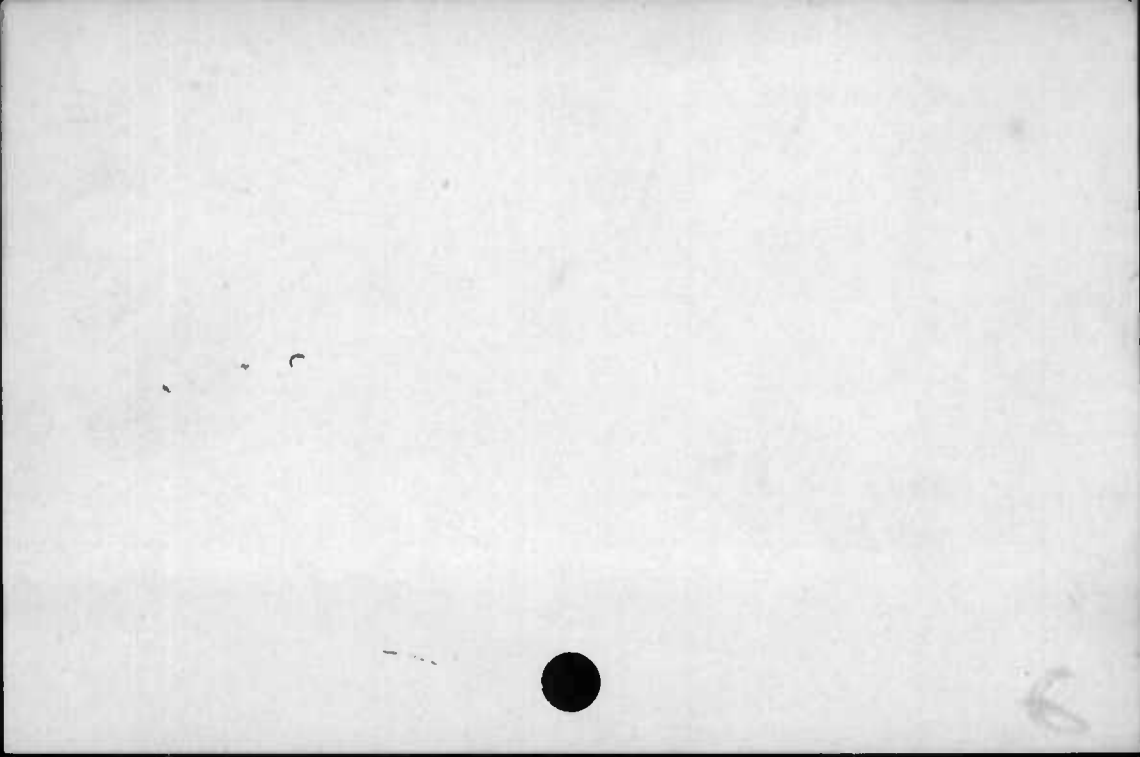
Died at <i>Colera</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Oct</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>72</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bucks Co., Pa</i>		
Occupation <i>wife</i>		Where Residing if not at place of death <i>Colera Md</i>			
Married, Single <i>Married</i>	Name of Wife or Husband <i>Geo W Swins</i>				
Father's Name <i>Chas Tansant</i>	Fether's Birthplace <i>Bucks Co Pa</i>				
Mother's Maiden Name <i>Eloine Knight</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mary Kimble</i>	How related to deceased <i>Daughter</i>				


CAUSES OF DEATH

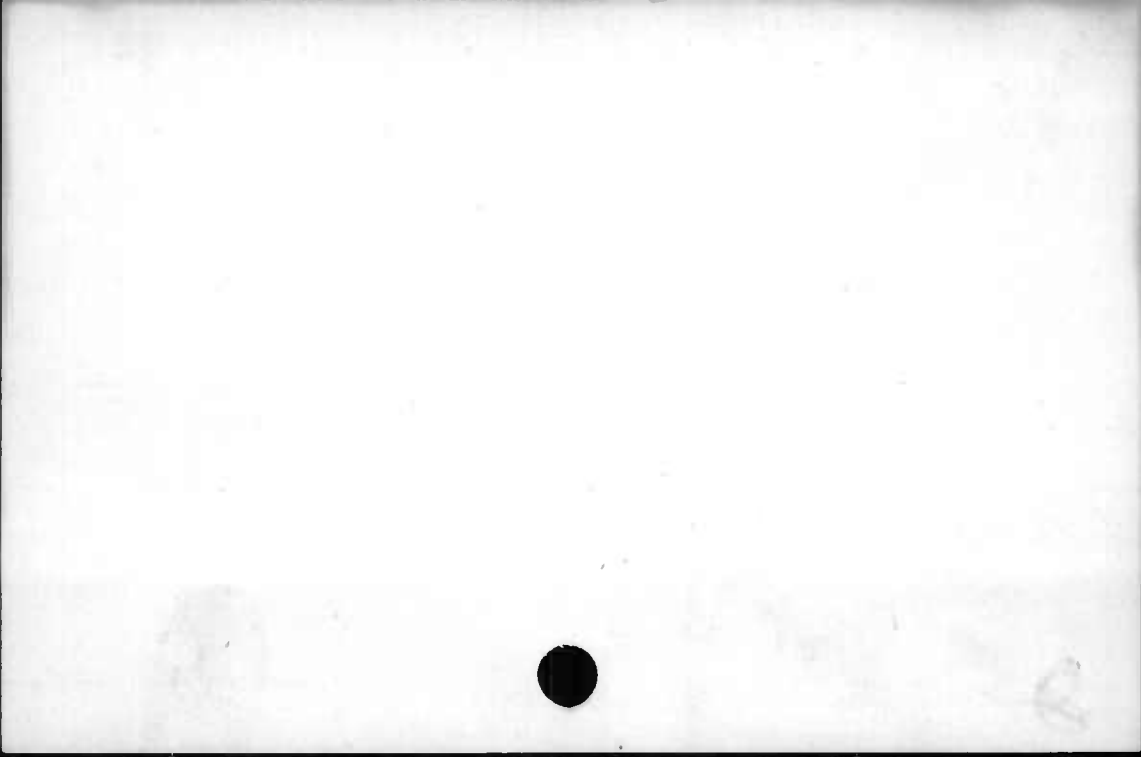
104

PHYSICIAN
OR CORONER

Primary <i>Gas tritus</i>	How long <i>One year</i>
Immediate <i>In aneurism</i>	How long <i>A few weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	



Name in Full Lucy Jackson		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Perryville	County Cecil	MARYLAND	
	Date of death 1906	Month Oct	Day 1	
	Age 19	Years 6	Months 6	
	Sex Female	Color or Race White	Birth-place Cecil Co	
	Occupation Housewife	Where Residing if not at place of death		
	Married, Single or Widowed Married	Name of Wife or Husband Samuel Jackson		
	Father's Name Lewis Smeltzer	Father's Birthplace Cecil Co		
Mother's Maiden Name Mary E. Deahoo	Mother's Birthplace " "			
Name of person giving information Mary E. Smeltzer	How related to deceased brother			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Typhoid Fever	How long Five weeks		
	Immediate Perforation of bowels	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. M. Thompson	
			Address Perryville Md.	
Accident or Suicide?				



Name
In
Full

Martha M. Backland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

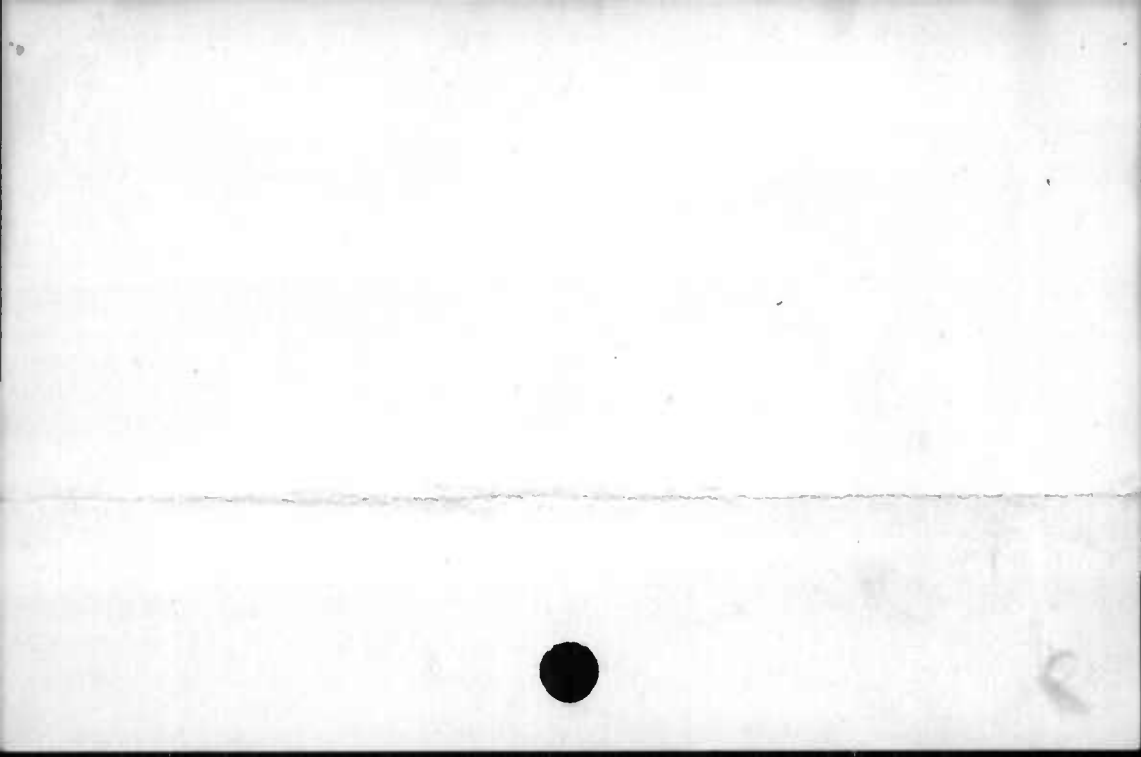
MARYLAND

Died at	Cherry-Hill	Town	Cecil	County								
Date of death	1906	Month	10	Day	24	Age	43	Years	6	Months	13	Days
Sex	Female	Color or Race	White	Birth-place	Cecil Co. Md.							
Occupation	Stenographer	Where Residing if not at place of death	Cherry-Hill Md.									
Married, Single or Widowed	Single	Name of Wife or Husband										
Father's Name	Mr. Thomas Backland	Father's Birthplace	Cecil Co. Md.									
Mother's Maiden Name	Rebecca Moore	Mother's Birthplace	Cecil Co. Md.									
Name of person giving information	Mr. Thomas Backland	How related to deceased	Father									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	1 year
Immediate	Apoplexy	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. F. Miller.
		Address	North East, Md.
Accident or Suicide?			



Name
in
Full

Christiana Lightcap

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

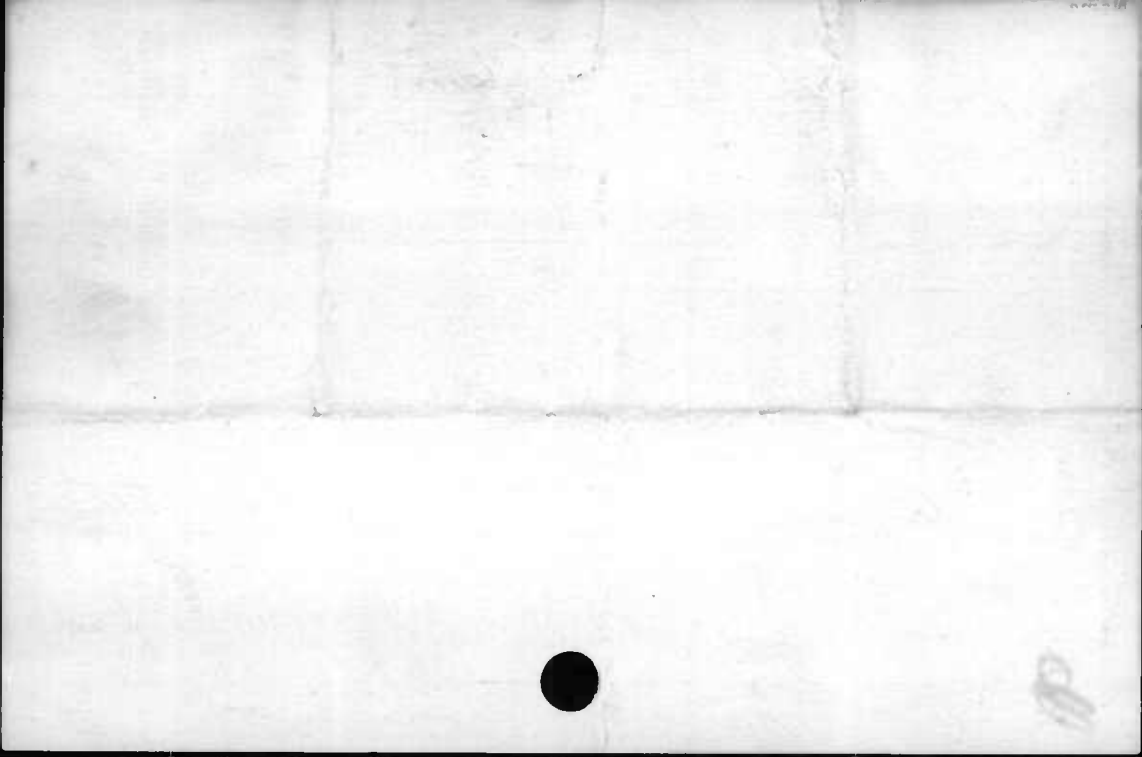
MARYLAND

Died at <u>Harwick</u> ^{Town}		<u>Lees</u> ^{County}			
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>26</u>	Age <u>3</u>	Months <u>4</u>	Days <u>3</u>
Sex <u>Female</u>		Color or Race <u>White American</u>		Birth-place <u>Harwick Md</u>	
Occupation			Where Residing if not at place of death <u>Harwick Md</u>		
Married Single		Name of Wife or Husband			
Father's Name <u>Harry Lightcap</u>			Father's Birthplace <u>Kent Co Md</u>		
Mother's Maiden Name <u>Bertha Mary Warner</u>			Mother's Birthplace <u>Lees Co Md</u>		
Name of person giving information <u>Harry Lightcap</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Contusion</u>	How long <u>1 month</u>
Immediate <u>Exhaustion</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Knight MD</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>no</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	4			2	
Sex		Color or Race		Birthplace			
Female		White		Providence			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
A. R. Logan				North East			
Mother's Maiden Name				Mother's Birthplace			
Anna M. Brown				Buck			
Name of person giving information				How related to deceased			
Theresa Logan				Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eubon Colitis	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Thos A. Morris	
		Address	
		North East Md.	
Accident or Suicide?			

S- cum M.E.

Name
in
Full

Jos. H. Moore

3rd Sub

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

*

Died at <u>Elkton</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>10</u>	Day <u>21</u>	Age <u>73</u>	Years <u>3</u>	Months <u>3</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>watchman</u>	Where Residing If not at place of death <u>-</u>				
Married, single or Widowed	Name of Wife or Husband <u>Elyzabeth Cannon</u>				
Father's Name <u>Stephen H. Moore</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Day Moore</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

D

Primary <u>Apoplexy</u>	How long <u>18 hrs.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Arthur Mitchell M.D.</u>
	Address <u>Elkton Ind.</u>
<u>Accident or Suicide?</u>	

63 /

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alban L. Saxton</i>		4 Dist		CERTIFICATE OF DEATH	
Died at <i>Providence</i>		Town <i>Providence</i>		County <i> Cecil</i>	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>19</i>	
Age <i>79</i>		Years <i>79</i>		Months <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Mary Ann Saxton</i>			
Father's Name <i>Justus Saxton</i>		Father's Birthplace <i>Phila Pa</i>			
Mother's Maiden Name <i>Maria J. Gilbert</i>		Mother's Birthplace <i>Phila. Pa.</i>			
Name of person giving information <i>Edward Saxton</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Five days</i>
Immediate <i>summit attack</i>	How long <i>...</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Jarvis A. Whittier</i>
	Address <i>Levinville Pa</i>
Accident or Suicide? <i></i>	<i>(over)</i>

2nd ¹¹ Wife's name - Lizzie Hall

Return To C. S. Grand-

Cherry Hill Ind

1.

— 891

Name
in
Full

Eliott Scott.

CERTIFICATE OF DEATH

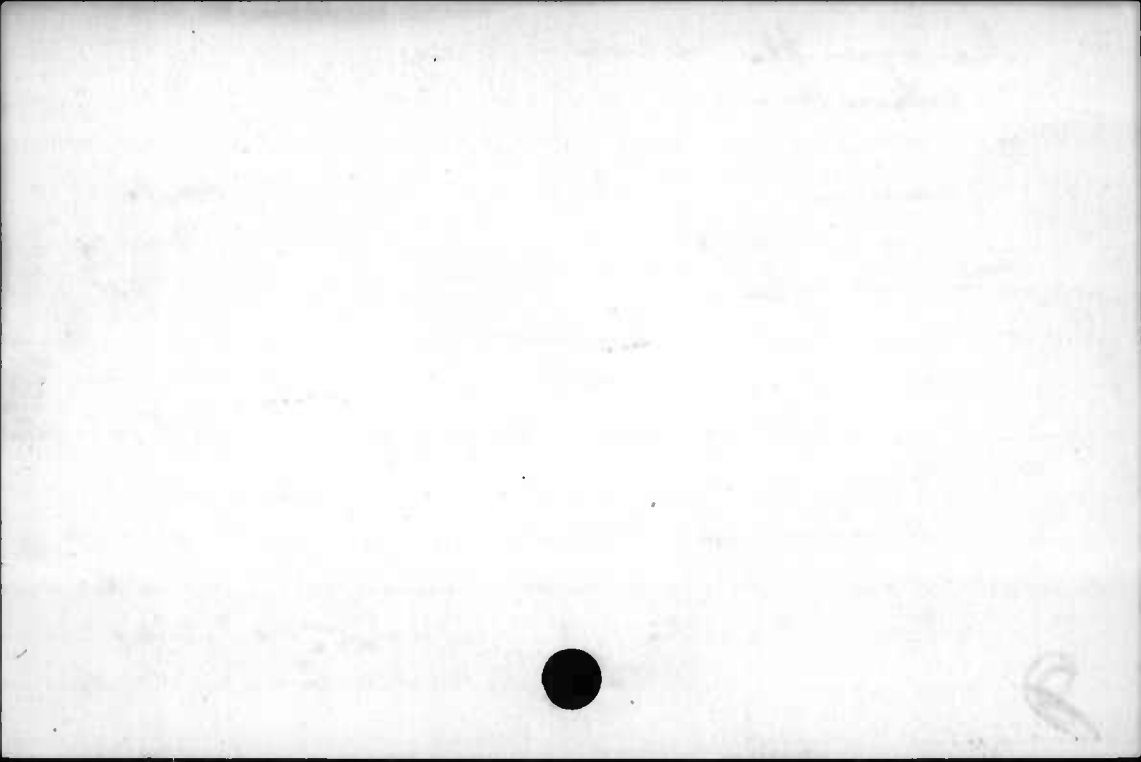
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Augustine</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>11</i> Years	Months <i>11</i> Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>St Augustine Fla.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Hannah Scott</i>				
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name <i>Hannah Scott</i>			Mother's Birthplace <i>Sum Hill Md</i>		
Name of person giving information <i>Frank Thomas</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Tuberculosis</i>	How long <i>10 months</i>
Immediate <i>Tuberculosis</i>	How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clifton O. Lang M.D.</i>
	Address <i>Blacksburg City</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

George H. Scott.

CERTIFICATE OF DEATH

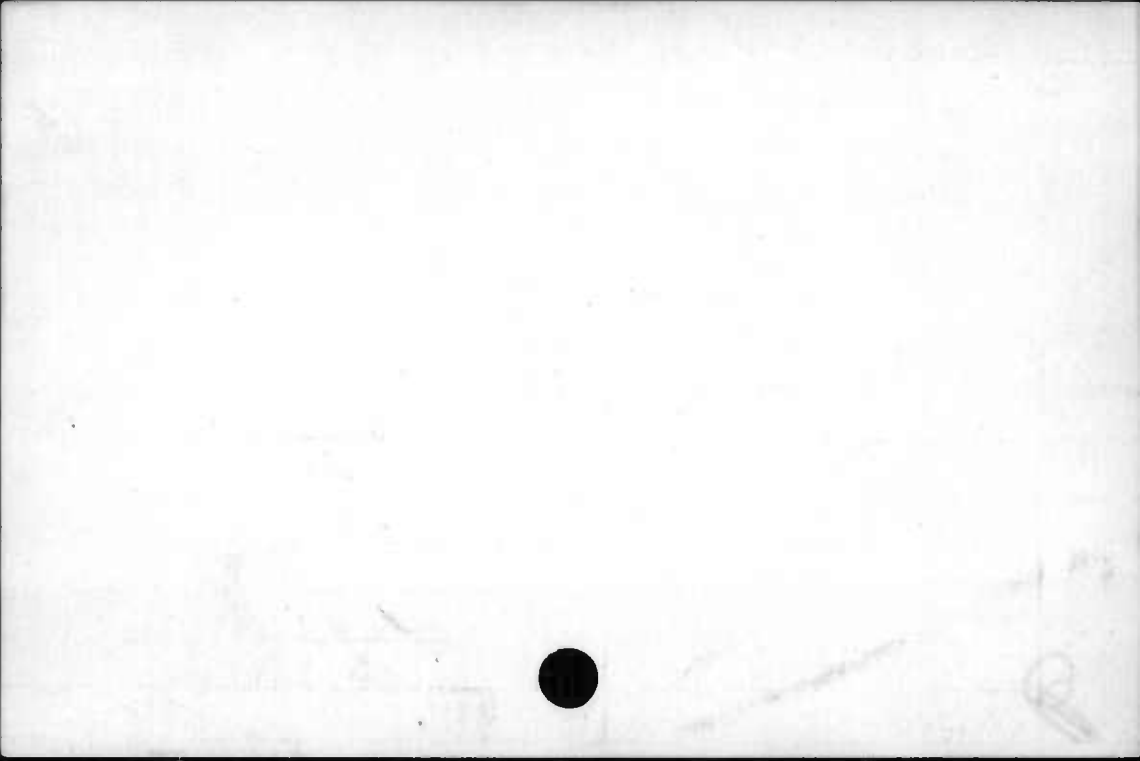
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town		County		MARYLAND	
Date of death	1906	Month	Oct	Day	20	Years	71
Sex	Male		Color or Race	Col.		Birth-place	Ind.
Occupation	Laborer			Where Residing if not at place of death <i>Alms House</i>			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Do not know					Father's Birthplace	
Mother's Maiden Name	" " "					Mother's Birthplace	
Name of person giving information	John Mahoney					How related to deceased	Not related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Wound on head</i>	How long	<i>2 years</i>
Immediate	<i>convulsions</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Chas. J. Miller,</i>
		Address	<i>North East, Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Earville* ^{Town} *Cecil* ^{County}Date of death *1906* ^{Month} *10* ^{Day} *14* ^{Years} *2* ^{Months} *3* ^{Days} *X*Sex *Male* Color or Race *negro* Birth-place *md*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *S* Name of Wife or HusbandFather's Name *Jno Sewell* Father's Birthplace *md*Mother's Maiden Name *Eliza Farnell* Mother's Birthplace *md*Name of person giving information *Kit Cooper* How related to deceased *none*

CAUSES OF DEATH

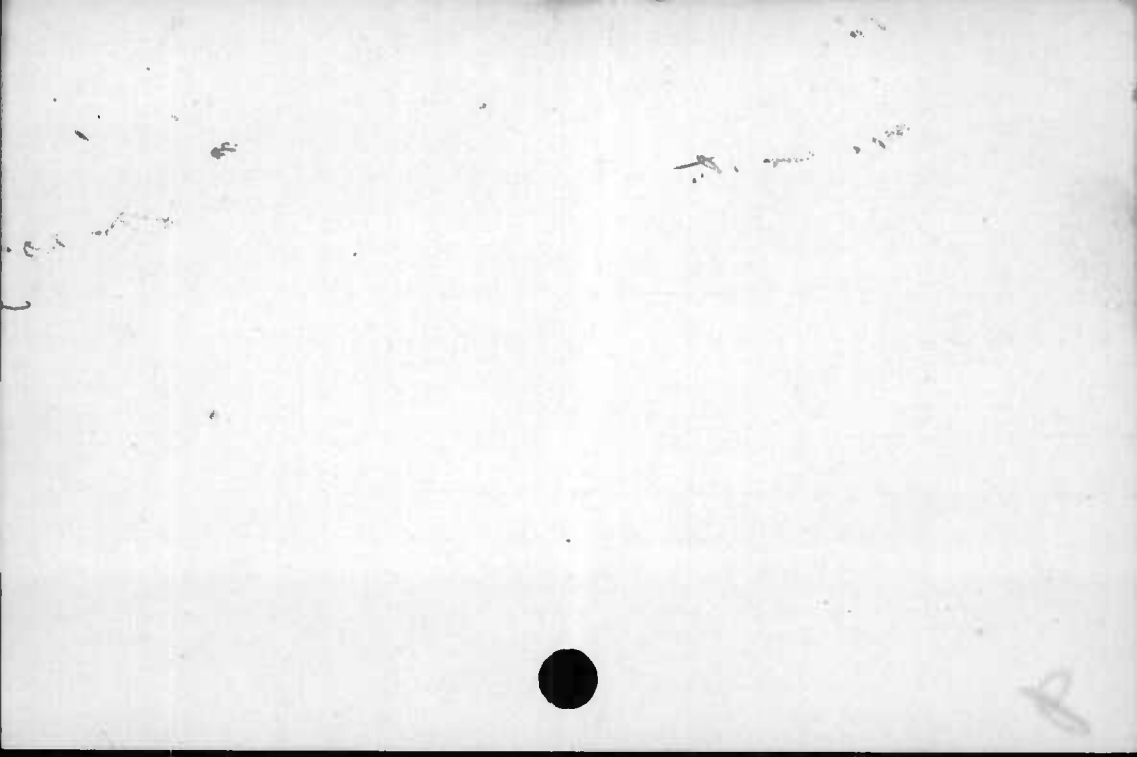
Primary *Meningitis* *(61)* How long *4 weeks*Immediate *Meningitis* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

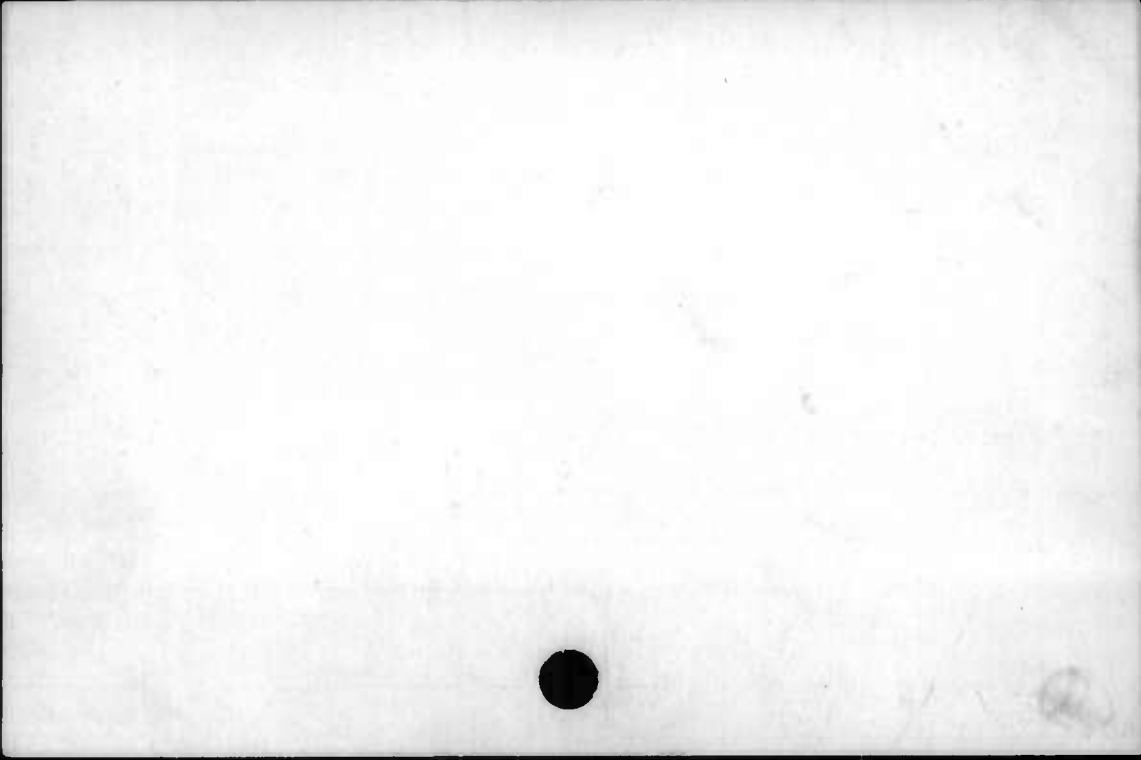
Signature of Physician

Address

Accident or Suicide?



Name in Full		Mary E Sullivan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Port Deposit		Cecil				
	Date of death	1906	Month	Oct	Day	25	Age
					Years	62	Months
					Days		
	Sex	Female		Color or Race	White		Birth-place
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Married		Name of Wife or Husband		
					Thomas Sullivan.		
Father's Name			Thos Malone.			Father's Birthplace	
						Ireland	
Mother's Maiden Name			Mary King			Mother's Birthplace	
						Ireland	
Name of person giving information			Jno Keeling.			How related to deceased	
						Son in Law.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Valvular Disease of Heart				How long
							- years
	Immediate		Indigestion, Acute				How long
							- Three days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. J. Brown
				Address		Port Deposit	
Accident or Suicide?							



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Alphonso A. Spring

Town

County

MARYLAND

Died at

Twin Point

Date

of death 1906

Month

Oct

Day

25

Years

Age 86

Months

8

Days

Sex

Male

Color or
Race

white

Birth-
place

Salem h.f.

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Elizabeth Spring

Father's
Name

Samuel Spring

Father's
Birthplace

Salem h.f.

Mother's
Maiden Name

Elizabeth

Mother's
BirthplaceName of person giving
information

Mrs Thomas Spring

How related
to deceased

Daughter in law

CAUSES OF DEATH

Primary

Epithelioma

How long

2 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

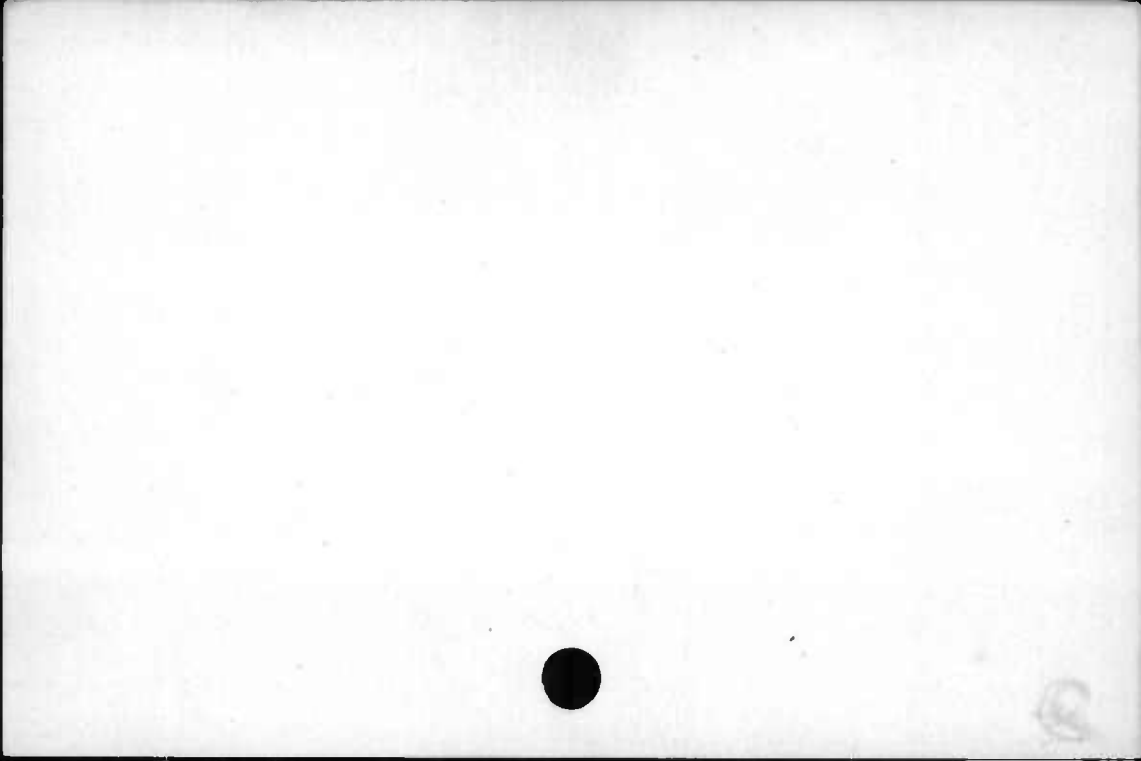
yes

Signature of
Physician

Address

J. J. Conroy MD
Chesapeake Bay
Maryland

Accident or Suicide?



Name

In
Full

Carl E Thomas

CERTIFICATE OF DEATH

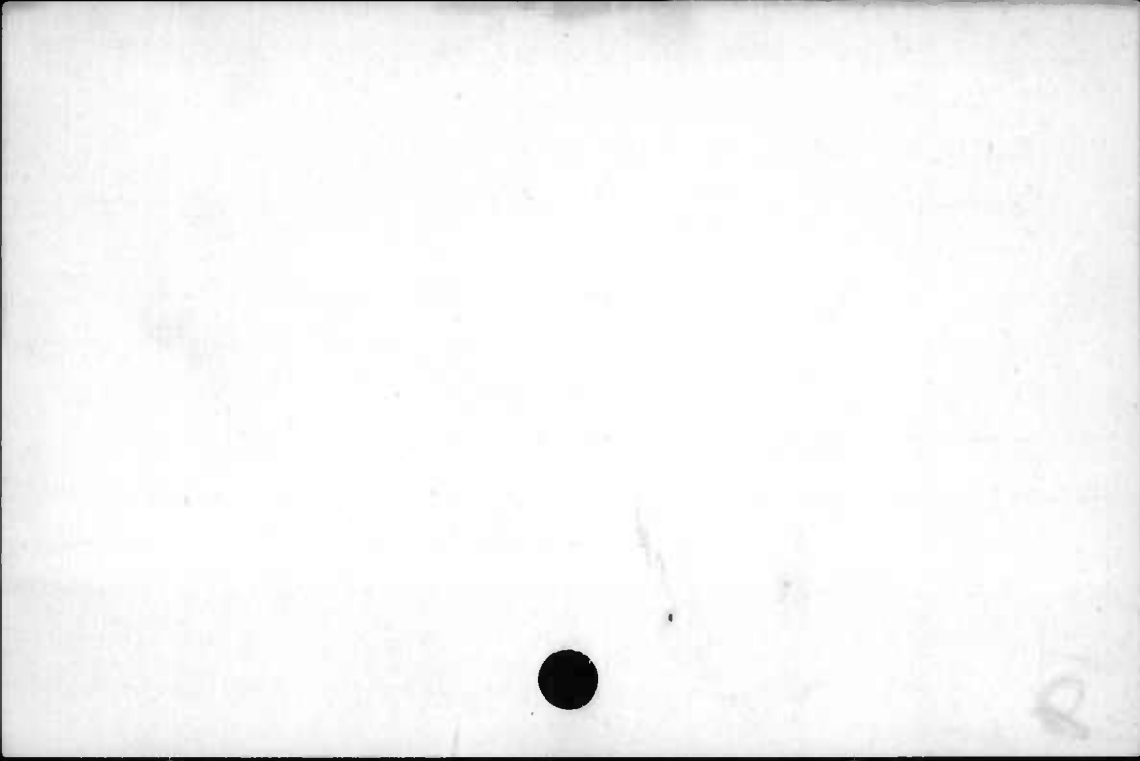
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit-</i>		<i>Cecil</i>		TOWN		COUNTY	
Date of death <i>1906</i>		<i>Oct-</i>		<i>2</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Port-Deposit-</i>		Months <i>8-</i>	
Occupation <i>—</i>		Where Residing if not at place of death		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Unknown</i>		Father's Birthplace	
Mother's Maiden Name <i>Roxanna Thomas</i>		Name of person giving information <i>" "</i>		Mother's Birthplace <i>Cecil Co</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown sick</i>	How long <i>3 days</i>
Immediate <i>No Physician</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W C Jackson (Undertaker)</i>
	Address <i>Blytheville</i>
Accident or Suicide?	<i>Id</i>



Name in Full		Noah Walters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County	MARYLAND		
		North East		Beall			
		Date of death	Month	Day	Age	Months	Days
		1906	Oct	31	69	11	
		Sex	Color or Race		Birth- place		
		male	white		Penna		
Occupation		Where Residing if not at place of death					
Retired Engineer		✓					
Married, Single or Widowed		Name of Wife or Husband					
Single		-					
Father's Name		Geo. Walters				Father's Birthplace	
Penna						Penna	
Mother's Maiden Name		Rebecca Gooden				Mother's Birthplace	
Penna						Penna	
Name of person giving In formation		John R. Boyer				How related to deceased	
to							
CAUSES OF DEATH							
Primary		Apoplexy				How long	
Immediate		64				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ricketts Nelson	
				Address		Coroner of Beall County, Elkton, Md.	
Accident or Suicide?							

Ph, Pa.
S. Ross

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Chilmark (Town)

Towa

County

Died at

Date _____

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Mother's
Maiden Name

Name of person giving information

Occupation

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

